

Research Article

An ethnographic study of physiotherapy education in Sweden from Indian perspective

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ABSTRACT

Background: The aim was to explore the ethnic diversity pertaining to physiotherapy education in Sweden and India.

Methods: Qualitative research design based on ethnographic data collected by the ethnographer in terms of diaries and informal interviews. Setting: physiotherapy division and teaching hospitals attached to one of the reputed university in Sweden. Participants: physiotherapy faculty members, clinical physiotherapists, physiotherapy students, occupational therapy students and administrative staff.

Results: The views of physiotherapy students and faculty revealed their perception as they are quiet advanced, patient centered, believe in active physiotherapy interventions and what they are doing is probably the best.

Conclusions: Physiotherapy education in Sweden is different from Indian perspective and their focus is more on student centered approach with more of active learning.

Keywords: Ethnography, Physiotherapy, Education

INTRODUCTION

Hej! This is pronounced as “Hey” Swedish salutation. Ethnography is an art and science of describing and interpreting culture. Usually, ethnography involves variety of methods to generate data. Having chiefly relied on interviews for the data generation, the author also observes participants during their normal working day and at social gatherings.^{1,2} Perhaps, there is a growing interest in the use of ethnographic research in Indian Physiotherapy field at this moment of time. The obvious reason for this is the little amount of training or experience with this kind of qualitative, phenomenological, or ethnographic research imparted during academic training. Although, it is believed that ethnographic research is a fascinating tool for studying the people & their culture, it also helps to understand the fact that studying culture and diversity is more important than just having a thought of “company of strangers”.

This research paper describes field research method used to explore the physiotherapy education process in Sweden and to identify and explain some of its components with its comparison to Indian system of Physiotherapy education. The notion of culture is central to ethnography. Culture can be defined as the “total way of life of a group, the learnt behavior which is socially constructed and transmitted”.³ Individuals in a culture or subculture hold common ideas acquired through learning from other members of the group. No matter what the setting the general questions guiding ethnographic studies are the same: “What is it like to be a member of a particular culture? What are the rules guiding social behaviour?”.⁴

Author (SK) felt fortunate enough to get selected for participation in Linnaeus Palme teacher exchange program at Sweden in physiotherapy. During this period the co-author who is Swedish helped to plan, visit and

interact with different Physiotherapy faculty, clinicians, students and other support staff so as to carry out this ethnographic study.

METHODS

The study method was ethnography. In a broad sense ethnography involves the researcher participating, overtly or covertly, in people's daily lives for an extended period of time, watching, listening, asking questions and collecting whatever data are available to throw light on the issues that are the focus of the research.⁵

Aims

The aims of the study were to investigate the culture of the physiotherapy student and teachers in Sweden and to acquire a comprehensive understanding of how Physiotherapy education was imparted.

Setting

The study was conducted in the one of the large university in Sweden and teaching hospitals associated with this university during the period of 5th June 2014 to 23 June 2014.

Participants

As the study used an ethnographic method, all people attending academic activities that included teachers, clinicians, students, visitors, caring staff, doctors, surgeons whom the ethnographer could approach for the information.

Data collection

Ethnographic data collection involves observations, interviews and the review of relevant documents.⁶ The CNC collected data over a twelve-month period. Participant observations were performed over a nine-month period for a total of 280 hours. Observations were performed on different days of the week and during different shifts in order to determine whether practices changed with Journal of Nephrology and Renal Transplantation (32 JNRT) the time of day and week. All fieldwork observations were recorded in a field note diary during the observation periods. Formal interviews were conducted following the observation period. The focus of the research was the interactions between the nurses and patients and formal interviews were limited to these two groups. Twelve patients and ten nurses were interviewed. Interviews were semi-structured, 30-40 minutes in duration and open-ended questions were used to keep the conversation focused.

Ethical considerations

Authors felt that individual that individual participant consent for the observational fieldwork would be

extremely problematic and disruptive to the study and hence no formal consent was taken from the participants and utmost care was taken to avoid any details that will reveal the details of people and institutes.

Sample

Participants were physiotherapy faculty members, clinical physiotherapists, physiotherapy students, occupational therapy students and administrative staff at one of the reputed university physiotherapy division and the teaching hospitals attached to this university. In total 23 participants took part in this study.

Study design

A qualitative research design in form of ethnographic research was adopted, as we felt that this was one of the most suitable approaches to explore the objective of the study.

Ethnographers

The personal background of ethnographer (SK) is an Indian citizen from Maharashtra State and for education, service, university work, conferences and collaborations moved different states of India like Karnataka, Gujarat, Kerala, Tamil Nadu, Punjab, Orissa, Andhra Pradesh & Rajasthan and other countries like Nepal, Bangladesh, UAE, Singapore and Sweden. Second ethnographer (KK) is Swedish in origin and moved to different countries and works as visiting professor in physiotherapy in India.

RESULTS

Data analysis started during the collection of the first observation data. After every day of observation in the KI, the field note diary was reviewed and memos made for the following day. The memos were used to clarify situations by questioning or observing similar encounters more closely. Further analysis used components from analytical processes proposed by Spradley.^{7,8} The ethnography provided a wealth of information regarding the physiotherapy students, teacher's academic activities clinical activities, actors, activities, rituals, rules, communication patterns and relationships within their system. It is beyond the scope of this paper to provide the details of all the findings. We wish to report the major findings with three themes as people ,academics and clinical with relevant extracts from interviews and the field note diary since we believe that these themes could of interest to Indian Physiotherapy fraternity at large with

People

I got a taxi from the Arlanda international airport to the Stockholm city and saw some of the cars with cycle stuck on the top or back side, and here my first impression was about their affection to cycles. I don't think I will ever see such kind of stuff in our country. During CHBR

course, one of the faculty from Netherlands' spoke almost for few minutes about his affection to cycle and another student from the same country showed video depicting their lives with cycles. So I felt that probably more than Swedish, Dutch people could be physically fit. I guess life expectancy in these countries could be owed to this. In low and mid income countries like ours, once money comes we tend to buy motorcycle or cars and the amount of physical exertion comes down and probably this may lead NCD (non-communicable diseases) and reduces the life expectancy. One of the colleague told that her friend rides her cycle everyday for 30 kilometers and her kids say, "Mom we are the only lucky kids who sees their mother cycling so much that she comes almost sweating to pick her kids". I believe almost every Swedish person wears black clothes and uses I-phones, when you ask them about an address they just search it on Google map, guide you about how to reach there ask from which country you are and try to speak few words in your language and tell about their experiences with your country places suggesting they travel a lot. A local colleague said "You can't hide anything in Sweden" meaning we are watched and monitored for everything. During interactions, I realized Swedish people are shy, they prefer to be less social and got lot of patience to listen to others. I could see access for people with disability almost everywhere. People with disability had special scooters, special walkers, the local bus and train transport was easy for this population.

Academics

Class rooms were ultramodern, they were numbered with the first letter indicating floor say 415 means class room 15 at the floor four, interestingly every floor was subdivided into A, B, C wings and with clear marking like 3B meaning you are at third floor B wing, door had small transparent glass through which you can see if class is going on. It was difficult to open up any class room since every class room had digital lock; they were managed in such a way that every classroom was utilized as per the time slot availability. At the entrance of classrooms, there was place to hang up jackets (considering weather), fire alarms, there were no fans, instead of that I could see room heaters that were probably centrally managed. All the class rooms, halls and laboratories had almost perfect access for people with disabilities and everywhere "utgnag" meaning escape way was written except that picture and green color used for this, I felt it was difficult for someone who doesn't know Swedish to understand that it was an emergency escape path and second thought was despite of having so many foreign students and teachers coming to their university, why the authorities are not interested to use English as an additional way of communicating the stuff like this. Outside the classrooms, there were common toilets (written as Toalets-Swedish word) for men and women. Tap water from basin was even used for drinking and every Swedish could proudly say that it's pure water with zero bacteria, there were Wi Fi hot spots, places to

sit, eat, study, take photocopies and scan with plenty of papers besides the machine and students were supposed to use their digital identity card for using this machine so that charges could be added to their accounts. Initially, I sat in classes thinking what was there to 'observe'. For first few days, I participated in inter professional certificate course. This class that had students from different countries like Sweden, Finland, Switzerland, Natherland, USA, Itli and participating teachers from Kenya and India. Teacher student relationship was more of friendly. Unlike India, not a single student called teachers as Sir or Madam, wished them, students called teachers by their first name, had food & drinks with them in class room, could open up and play with their mobiles, laptops, scribble notes, move out. In one of the oral feedback after student's presentations one student told teacher that you disturbed me by asking question in the middle of my presentation and teacher with a cool temperament said I am sorry for that. Most of lectures and presentations were calm and quiet without voice modulation, not much fun, drama, faculty power point presentations had university emblem, no funny pictures, cartoons, animations, colors in their presentations. An interesting lecture to me was in their methodical approach, this was like team teaching, two teachers were supposed to speak, their lecture was on theme and they had given three research articles for prior reading and after lecture they continued with small group discussion with large poster size paper to write the points, then display those papers and interacted with those groups asking what was important in those articles for them. Almost everyone had some video and the use of gap minder and most of their talks and comparison was about developing countries. Most of the student and faculty mentioned about the countries they visited and their experiences. Here, I felt that we need to take inspiration from them we hardly move to other states of our country and see what's happening there in our field but moving out of our country may not be that much easy considering financial constrains. Next, I got permission to observe Master of Physiotherapy students examination. To my surprise, it was group examination about their research, one group was called respondent and other opponent and depending on their performance in asking questions by opponent and answering by respondents; they were marked for their performance by only one examiner (examiner) who was from their own university. The entire examination was supposed to be in Swedish but the Examining faculty politely asked permission of students that is it okay if she allows foreign faculty like me to sit and watch and can they speak in English? For, first few minutes the one of the confident student in English could speak for few minutes and later on they just spoke Swedish! Students from my co-author who is part time faculty. I had two thoughts here; one was can we get inspiration and such system of examination? And second thought was if the Swedish people continue their higher education in Swedish then how could they compute with the world? However, a professor stated "We study in Swedish but publish in English". Something to inspire

again was availability of gymnasium for faculty and students and defibrillators and first aid kits were almost everywhere in the main entrance areas of building. One of the known professor thought that it may be interesting for me to attend the seminars. So I could witness the "Lunch seminar" so while audiences were eating the resource person was talking. This showed their dedication to their work and I think this may not happen in our country in near future. They could call speaker from UK, USA and local authors for this purpose and this showed their ability to spend and pick up the best possible people around the world to develop the academics in Sweden. I had opportunity to speak about our health care system, culture and conduct debate for students and faculty. Most of them were surprised to know our population and variable approach where right from poor everyone had access to health through public, private and charitable institutes. They also showed interest, in Saree, Bindi, our habit of using left and right hands for different purposes and our priorities in life. Conducting academic debate was not so easy for me; neither the students nor the faculty were much more acquainted with the fact that academic debate can be used as a tool for teaching. However, after conducting a debate on Home Based Rehabilitation (HBR) versus community based rehabilitation and physiotherapy an art or science. The students and faculty showed their happiness and accepted that they had now a better knowledge about these issues. One faculty said I never knew that CBR (Community Based Rehabilitation) means this and the other one said I am going to use academic debate for class room teaching in ergonomics for his students.

Clinical

First interaction with a staff at rehabilitation centre was about who pays for patient and the answer I got was it's the insurance company. We discharge the patient at periodic interval and the average stay in rehabilitation centre was told us by almost all the therapist working there indicating their statistical awareness. Probably this is what we are lacking in physiotherapy in our country. We just can't decide that by six weeks. A stroke or paraplegic patient need not come to rehabilitation centre and may get care by community therapist or home based rehabilitation staff. Worth mentioning here is the fact that probably we haven't yet started working on home based rehabilitation. Although home visits by therapist to patient's house is not a new concept to us but in most of such situations patient and his family pays out of their pocket for such services in India. Digital access with card was something interesting to me. I learned that therapist can look for patient's UID (unique identification) and enter the clinical notes indicating paperless health record. On enquiring the more details about the hands on techniques used by physiotherapists and it revealed that they believe in more of active interventions and just don't follow our passive intervention approach, something that might take long time for us and our patients to realize such kind of approach. Technical advanced stuff could be

easily noted at this rehabilitation centered and the administrative staff was generous to show us how they could train their patients in kitchen and possible work places. Rehabilitation aides and volunteers hired by patients was a kind of different culture. In our country we see more of relatives than aides or hired people for the personal support. Our cultural values in calling patients as uncle, auntie, sir or madam etc. was clearly missing and patient calling clinicians by their first name or therapist calling patient by first name was probably part of their routine.

Something to inspire from this set up was most of disabled individuals were employed there itself and were training new disabled. Personally, I feel this makes lot of difference since they can give their example and set higher expected goals, may be simply not just by their actions but the very simple fact that the new disabled may feel that I am not alone and when this person who is training me has achieved this then why can't me? My colleague(co-author) took video of one wheel chair bound disabled training the new one for how to use wheel chair to cross hurdle, indicating her interest to learn minute details after so much of experience in the field.

I could easily see their affection for using skie sticks for balance, Health for all, helicopter, special walker, ambulance driven by women, ambulance with communication devices with hospital staff so that the patient's management treatment could be started even before the patient could reach emergency services of hospital. I could hear air ambulance (AMBULANS in Swedish) helicopter. Interesting stuff was interprofessional clinical training and an entire ward management by a group of students at geriatric Centre. The Adjunct lecturer told us about their study about ward management by students and interestingly one of the feedback received in this study was it was crowded and a group of more than five students was perceived as crowd. In endocrinology, there was DEXA machine and the clinical staff revealed that osteoporosis was quiet common in diabetes their and when I asked the reason it was in form of limited sunlight exposure for almost six months in a year. Patient's examination table was covered with removable tissue paper and the clinical staff revealed that they were considering the use of alcohol for this purpose in future. The endocrinologist revealed that she sees her patient once in a year and her nurse sees once. It's only when there is a need patient is seen more that this many times. The infrastructure and facilities at endocrinology were good and there was podiatrist to help their patients. I guess, in our country this profession is not yet known to people at large. Further, the patient to Nurse ratio was perfectly followed and some of the wards were kept vacant for the want of Nurse. What I observed was the number of patient seen by doctor or therapist was not even five per day and a country that thinks of active interventions, early discharge and equal health facilities for all. I guess this can be a wonderful place for health practitioners to work with an added advantage of week

end holidays for 2 days and more of annual holidays. At physiotherapy, I met head who told that he has 5000 patients' visits and 15 therapists working under him. After a while, I calculated and realize that hardly they see one patient per day; probably something we can dream of in future for us. I realized that probably in our country the entire encounter of patient and clinician is about 90 seconds, out of which patient speaks for 60 seconds and doctor spends 30 seconds in writing prescription; while as in Sweden they spend almost 30 minutes and most of the time clinician listens to their patients with cool temperament. May be we can learn attitude in medicine from them! The facilities at Physiotherapy included hydrotherapy, expensive Isokinetic stuff like Biodex specialists like Psychosomatic Physiotherapists but what I looked for was modalities and when enquired I heard from one therapist that because there is limited evidence for such interventions they hardly use the modalities. I guess it will be difficult for our patients to imagine physiotherapy without modalities or machines.

DISCUSSION

The findings of this study provided a rich description of the academic culture pertaining to physiotherapy in one of the world ranked European University. The teachers focus their attention on research and self-directed learning by the students, clinical physiotherapist focus on more of active interventions and less of everyday physiotherapy treatment, students were more independent an actively involved in self-study, peer assistance and were happy with student friendly university culture.

Higher education in Swedish college and university education is totally free but students there still end up with a lot of debt. The average at the beginning of 2013 was roughly 124000 Swedish krona (\$19000). Sure, the average US student was carrying about 30% more, at \$24800. With a sharp decrease in the number of non-EU students coming to Sweden since tuition fees were introduced, industry and university heads argue that the only way Sweden can compete internationally is to offer scholarships to entice more foreigners students takes more responsibility for their own studies.

Swedish higher education is characterized by students taking more responsibility for their own studies and the relaxed and informal relationship with teachers. In terms of research, Sweden aims to be one of the most R & D intensive countries in the world.^{9,10}

With its emphasis on independent studies, Sweden is ranked among the world leaders in higher education. The teaching model applied at Swedish universities and university colleges is based on the motto 'freedom with responsibility'. This means that students have somewhat less teacher-led time than is usual elsewhere, mainly pursuing their studies on their own or in groups.

In essence, the physiotherapist is an expert facilitator for physical activity and patients are more aware about the role of physical activity in their life

We believe that one of the more widely cited benefits of conducting ethnographic research is that due to the first-hand observation that is involved, usually conducted over an extended period of time, the research can provide extensive and in-depth findings about human behavior. In addition, because ethnographic research relies on observation rather than examinations or predetermined tests, the research can evolve and explore new lines of inquiry.

The limitation to the study is the nature of the study methodology. The study was undertaken in one major university and teaching hospitals associated with this university. This ethnography is meaningful for the physiotherapists within this setup but may be assessed and approached differently in another university setup. Due to the fact that ethnographic research relies on observation, it often takes a longer period of time to produce thorough and reliable results. Also, because the research is reliant upon the observations of just one or a few people, the conclusions about what the human subjects were doing, saying or feeling could be altered by the observers' cultural bias or ignorance.

CONCLUSIONS

The study findings confirmed that the physiotherapy education and culture is different from Indian perspective and traditional system of imparting physiotherapy education and treatment may be scrutinized in future for its academic, clinical and cost effectiveness. Following this study, the physiotherapists engaged in classrooms and clinical teaching may shift their focus on student and patient centered approach. This research report focuses on the academic experiences of physiotherapy teacher from India who visited an academic department of one of the reputed university in Sweden where Physiotherapy education is offered. Data were collected using qualitative approaches like diaries, and informal interviews. However, a polite attitude and willingness to hear the foreign faculty and expressing interest in knowing how the educational training is offered in India was remarkable.

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